



**REQUESTER'S INFORMATION**

Name (First, Middle, Last)		Date of Birth
Alternate Name (e.g. maiden name, preferred name, alias)		
Address		
City	Province Ontario	Postal Code
Preferred Phone		
Home	Cell	Work
Email Address		

**If you want us to send your personal information to someone else, please provide their information below.**

Third Party Name		
Organization Name (if applicable)		
Address		
City	Province Ontario	Postal Code
Preferred Phone		
Home	Cell	Work
Email Address		

I certify the above information to be accurate.

I consent to a search of the provincial Child Protection Information Network (CPIN) and of the Children's Aid Society of the Districts of Sudbury and Manitoulin's legacy system in order for the Society to fulfil my request.

I agree that my submitted data is being collected and stored by the Children's Aid Society of the Districts of Sudbury and Manitoulin. *Please Note:* The Children's Aid Society of the Districts of Sudbury and Manitoulin must abide by the privacy rules set out in the Child, Youth and Family Services Act, 2017.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mmm/yyyy)